



# H.E.A.T Program/UTAP Program (Home Energy Assistance Target) APPLICATION

Form 874 H-1  
Rev. 10/08

DATE: \_\_\_\_\_  
Day Month Year

Client ID \_\_\_\_\_

To find the address to mail this application, click on Mailing Instructions

OFFICE \_\_\_\_\_  
COUNTY CODE \_\_\_\_\_  
OUTREACH Y N  
CRISIS \_\_\_\_\_  
APPROVED Y N  
DENIAL CODE \_\_\_\_\_

Have you applied for HEAT before? Y N Date: \_\_\_\_\_ Office: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ Male ☐ Female ☐  
Last First MI

If you are eligible for the HEAT Program, you are also eligible for the Utah Telephone Assistance Program if your telephone company is a participating carrier & your phone is not a cell. Would you like to apply for UTAP at this time? Yes ☐ No ☐

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ If no telephone, would you like information on UTAP? Yes ☐ No ☐  
Area Code Telephone Number Telephone Company

BIRTH DATE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
Day Month Year

MAILING ADDRESS: \_\_\_\_\_ RESIDENTIAL ADDRESS (Fill out only if different): \_\_\_\_\_

Apartment Complex Name and Number

Apartment Complex Name and Number

Street Address or PO Box

Street Address or PO Box

City State Zip Code

City State Zip Code

Circle: House or Apartment? Rent or Own? Subsidized/Govt. Assisted Rent? Y N Rent/Mortgage Payment? \$ \_\_\_\_\_

Do you share residence? Y N Does rent include utilities? Y N Which utilities? \_\_\_\_\_

Did you PAY medical/dental insurance premiums, out of pocket medical expenses, child support, or alimony in the previous month? Y N

☐ American Indian ☐ White ☐ Hispanic ☐ Black ☐ Asian ☐ Pacific Islander ☐ Other \_\_\_\_\_

Household Composition	Do you or anyone living in your household receive any of the following sources of income or assistance?	
Children under age 3 <u>Y</u> <u>N</u>	Employment (full time/part time) * <u>Y</u> <u>N</u>	Receive Child Support <u>Y</u> <u>N</u>
Children age 3 through 5 <u>Y</u> <u>N</u>	Unemployment Benefits/Workman's Cp. <u>Y</u> <u>N</u>	Receive Alimony <u>Y</u> <u>N</u>
Age 60 and older <u>Y</u> <u>N</u>	Railroad Retirement <u>Y</u> <u>N</u>	TANF/FEP/AFDC <u>Y</u> <u>N</u>
Handicapped/Disabled <u>Y</u> <u>N</u>	Veterans Benefits <u>Y</u> <u>N</u>	Supplemental Security Income (SSI) <u>Y</u> <u>N</u>
U.S. Citizens (all?) <u>Y</u> <u>N</u>	Social Security <u>Y</u> <u>N</u>	General Assistance <u>Y</u> <u>N</u>
Receiving Food Stamps <u>Y</u> <u>N</u>	Pension/Annuity/Retirement <u>Y</u> <u>N</u>	Other _____ <u>Y</u> <u>N</u>
		Income from Rental Property <u>Y</u> <u>N</u>
Number of Adults: _____	Number of Children (under 18): _____ Ages: _____ Birthdates: _____	TOTAL Number in Household: _____

\*If yes, how often are you paid? Please circle: Weekly, Biweekly, Twice a Month, Monthly.

Others in my household who are aged 18 or older:

1 <sup>st</sup> Adult:	Relationship	Birth date	Social Security Number	Sex	Income
NAME (Last, First)		dd/mm/yyyy		M F	Y N
Client ID					
2 <sup>nd</sup> Adult:	Relationship	Birth date	Social Security Number	Sex	Income
NAME (Last, First)				M F	Y N
Client ID					
3 <sup>rd</sup> Adult: If more than 3 adults, check and attach extra sheet. <input type="checkbox"/>	Relationship	Birth date	Social Security Number	Sex	Income
NAME (Last, First)				M F	Y N
Client ID					

White, File

Yellow, Office Use

Pink, Client

HEAT Application, Page 1 of 2

**DECLARATION:** By signing this application, I certify under penalty of perjury that the information I provided on this application is true. I agree to cooperate with state and federal officials in any review of my application and to provide information necessary to verify any statement herein. I hereby authorize HEAT/HELP/UTAP program officials to make inquiry of persons, companies, financial institutions, and other state and federal agencies to assist in the processing of my application.

I understand that giving false information or failing to notify HELP or UTAP when I no longer qualify may cause me to pay the difference between the discounted and regular rate. I will notify the State of Utah @ 1-877-488-3233, ext. 642, if my situation changes and I am no longer eligible for HELP and/or UTAP. I must re-apply or re-certify annually. **Do you wish to enroll or re-apply to remain in Rocky Mountain Power's HELP discount program that saves you up to \$8.00 per month on your Rocky Mountain bill? Y N \*Income must be at 125% FPL or lower.**

I understand that if I do not provide the necessary information to establish my eligibility within 10 days from this date that my application may be denied. I understand that if Federal HEAT funds are exhausted prior to processing this application, the State of Utah is under no obligation to make payment.

**My HEAT payment is to be issued to the following utility(ies) in the percentages listed below (100%, 50/50%, or 25/75%):**

%	Name of Utility Vendor(s)	CODE (Office use only)	Utility Account Number(s) Rocky Mountain customers must include Item #	Name on account (if different)
	Applicant	I agree not to change the vendor or % to which my HEAT payment may go after this date.		
Signature:			Date:	

TO BE COMPLETED BY HEAT Worker Only: Verifications Worksheet					Month Used: _____	
<b>GROSS EARNED INCOME:</b> List the <b>name</b> of each adult in the household. All adults' income must be counted. If an adult has no income, put "0" and a brief explanation of why not, or attach the "Deficit" income statement if needed. Itemize each check by date.						
Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd Amount \$
Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd Amount \$
Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd Amount \$
<b>GROSS INCOME:</b> Subtotal ALL GROSS Earned Income above (before taxes or deductions)						\$
Earned Income Credit: 20% of income (x .20 of subtotal)						\$
<b>NET EARNED INCOME (Subtract 20% from ALL earned income subtotal)</b>						\$
<b>UNEARNED INCOME:</b> List by name of each in the household and the source.						
Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd Amount \$
Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd Amount \$
Name	Source	Date Rec'd	Amount \$	Name	Source	Date Rec'd Amount \$
Subtotal ALL Unearned Income						\$
<b>TOTAL INCOME</b> Add Total NET Earned & Total Unearned Income						\$
<b>DEDUCTIONS</b> (Itemize each receipt and date paid in the Agency Checklist - Case Log.)						
Medical Expenses (out of pocket medical expenses & insurance premiums)						\$
Alimony/Child Support Payments/\$50 Target Deduction						\$
<b>Total Deductions</b>						\$
<b>TOTAL NET INCOME:</b> (Subtract Total Deductions from Total Income)						\$
<b>1. INCOME FORMULA</b> Total NET Income \$ _____ divided by 100% of the Poverty Amount for a household size of _____ (see table) \$ _____ = _____ % (Ineligible if over 150%) subtract the % amount from \$400.00 = \$ _____ <b>Total #1: \$</b> _____		<b>2. ENERGY BURDEN</b> FUEL TYPE: _____ Household Energy Cost (Select one): Actual Costs \$ _____ House Standard \$ _____ Apt. Stand. \$ _____ Room & Board Stand. _____ (10% of rent) Divide Energy Cost selected above by total NET income _____ = _____ X \$10.00 = _____ (Max. of 25) <b>Total #2: \$</b> _____		<b>3. TARGET GROUPS</b> Child under 6 _____ Disabled _____ Over 60 _____ (Add \$75 for each category) <b>Total #3: \$</b> _____		
Worker #:	Edit/Action Date:	Data Entry:	Denied Code:	(Total boxes 1, 2, & 3) Total HEAT Benefit		

\$